

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Sample Duration:

Name of Facility:		Kane Scrap Iron and Metal, Inc.		Permit No.: MA0505DYO	
Street Address:		184 East Meadow Street		City:	Chicopee
				State:	MA
				Zip Code:	01013
Outfall Number:		DA-002		Substantially Identical Outfall?	
				<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Identify Substantially Identical Outfalls):	
Quarter/Year		4th-2011		Substitute Sample?: <input checked="" type="checkbox"/> No	
				(Identify quarter/year when sample was originally scheduled to be collected):	
Person(s)/Title(s) collecting sample: Robert E. Kane III / Don-Ferrus Metals Manager					
Person(s)/Title(s) examining sample:					
Date & Time Storm or Snowmelt Began:		12/21/11 - 12:30 PM		Date & Time Sample Collected:	
				12/21/11 - 12:30 PM	
Date & Time Sample Examined:		12/21/11 6:30 AM			
Nature of Discharge:		<input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt <input type="checkbox"/> Not Applicable		Parameter	
Rainfall Amount:		.35 inches		Previous Storm Ended > 72 hours Before Start of This Storm?	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain):	
Color:		<input type="checkbox"/> None <input checked="" type="checkbox"/> Other (describe): tan <input type="checkbox"/> None <input checked="" type="checkbox"/> Murky <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gas <input type="checkbox"/> Solvents <input type="checkbox"/> Other (describe):			
Odor:		<input type="checkbox"/> None <input checked="" type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other (describe):			
Floating Solids:		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (describe): sand			
Settled Solids**:		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (describe):			
Suspended Solids:		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (describe):			
Oil Sheen:		<input checked="" type="checkbox"/> None <input type="checkbox"/> Patches <input type="checkbox"/> Globes <input type="checkbox"/> Sheen <input type="checkbox"/> Stick <input type="checkbox"/> Other (describe):			
Foam (agently shake sample):		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (describe):			
Other Obvious Indicators of Storm Water Pollution:		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (describe):			

*The 72 hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72 hour interval is representative of local storm events during the sampling period.

Save for settled solids after allowing the sample to sit for approximately one half hour.

Sampling not performed due to adverse conditions:

☒ No

☐ Yes (explain):

Sampling not performed due to no measurable storm event occurring that resulted in a discharge during the monitoring quarter:

☒ No ☐ Yes (explain):

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary):

Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements).

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name: **Robert E. Kane III**
 C. Signature: 

B. Title: **Don-Ferrus Metals Manager**
 D. Date Signed: **12/21/11**

(Complete a separate form for each outfall you assess)

Zip Code:

100

11	22	11
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History for KMACHICO6

Near Szot Park, Chicopee, MA — Current Conditions

« Previous Day

December ▾

21 ▾

2011 ▾

View

Next Day »

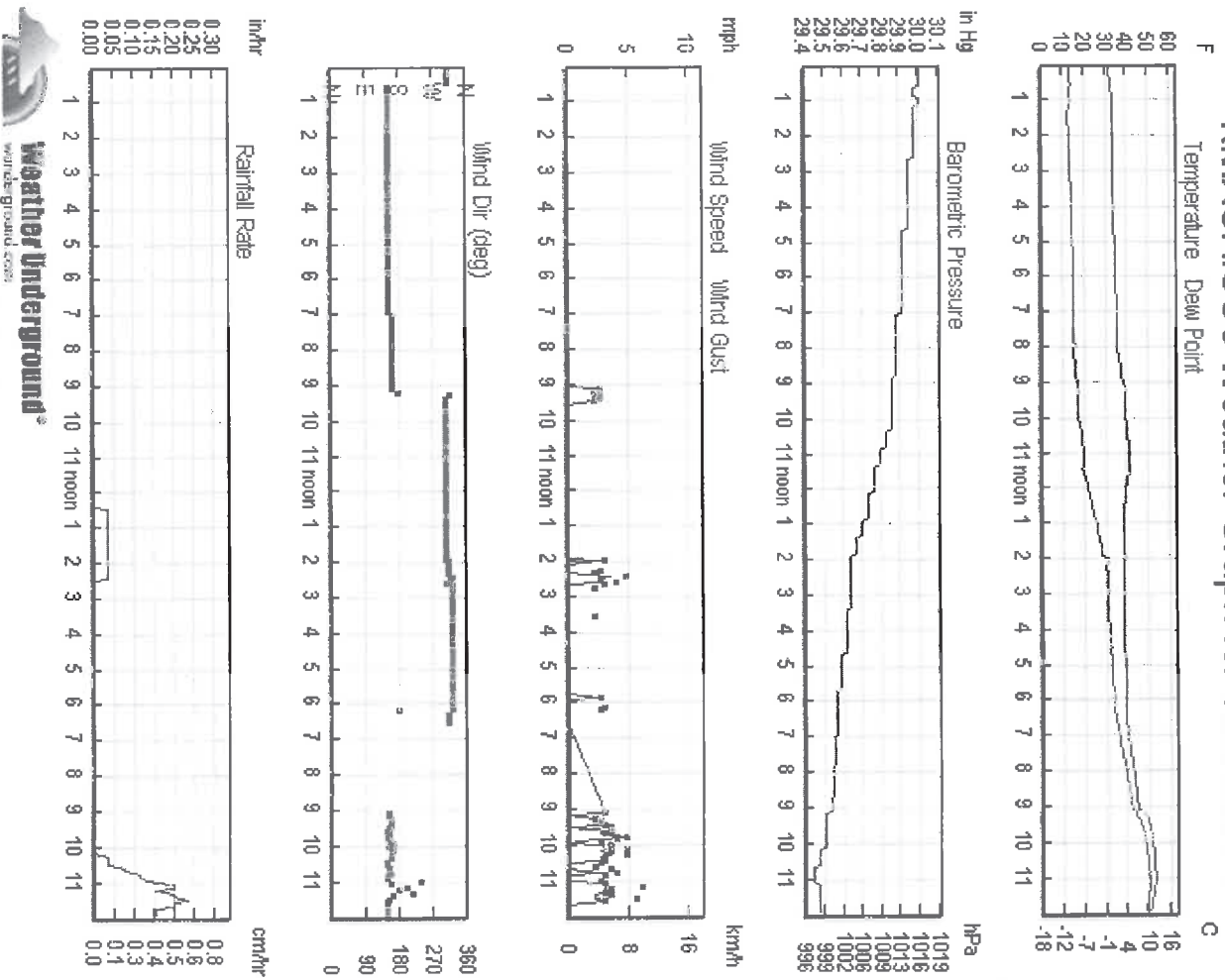
Daily Weekly Monthly Yearly Custom

Current:	High:	Low:	Average:
Temperature: 51.4 °F	53.6 °F	32.5 °F	39.3 °F
Dew Point: 29.7 °F	51.0 °F	13.1 °F	24.8 °F
Humidity: 43%	92%	40%	58%
Wind Speed: 3.1mph	7.6mph	-	0.3mph
Wind Gust: 3.1mph	7.6mph	-	-
Wind: NW	-	-	South
Pressure: 29.89in	30.01in	29.45in	-
Precipitation: 0.35in			

Statistics for the rest of the month:

	High:	Low:	Average:
Temperature:	62.1 °F	9.7 °F	37.3 °F
Dew Point:	57.0 °F	-9.3 °F	21.4 °F
Humidity:	98.0%	21.0%	55.4%
Wind Speed:	17.4mph from the NW	-	1.6mph
Wind Gust:	17.4mph from the NW	-	-
Wind:	-	-	SW
Pressure:	30.51in	29.27in	-
Precipitation:	9.10in		

KMACHIC06 Weather Graph for 12/21/2011



Certify This Report